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Pentagon Family Assistance Center Inter-Agency Mental Health Collaboration and Response

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After the September 11, 2001 terrorist attack on the Pentagon, the Department of Defense established a Family Assistance Center to provide a single source of information and services for the families of those missing and deceased. Twice daily briefings were conducted for families by top Department of Defense leadership so that information provided was timely, accurate, and authoritative. Within the Pentagon Family Assistance Center, families were able to receive mental health, spiritual, financial, legal, and benefits support/counseling from a wide range of helping agencies and organizations. Family members were also provided meals, lodging assistance, and assistance with travel arrangements. This centralization of services along with a clear and coherent command structure may provide a model to be emulated in future community disasters.

Introduction

Soon after the crash of American Airlines Flight 77 into the Pentagon, a Family Assistance Center was established by the Department of Defense (DoD) in a hotel in Crystal City, Virginia. The purpose of the Pentagon Family Assistance Center (PFAC) was to provide a safe and secure setting where the family members of the missing and deceased victims could receive physical, mental, emotional, and spiritual care. The center was initially staffed with military, government civilian, and volunteers from in and around the Pentagon. As the operation evolved, the PFAC was augmented with civilian support agency staff under the leadership of the DoD.

A Brief History of Family Assistance Centers

Military service members and their families have had the support of family assistance centers available to them for some time. Established first in the Army in 1965, these centers exist on every military installation and provide comprehensive support services to address the service and family member stressors associated with military life, e.g., relocation, separation, crisis support, information, and referral, etc. In 1985, Congress passed the Military Family Act, which served to underscore the importance of providing support and assistance to military families. At times of military deployment and in response to crisis, military family centers take the lead in setting up the support structure necessary to address the needs of military families. A comprehensive overview of previous military family assistance centers (e.g., Operation Joint Endeavor, Operation Just Cause) is beyond the scope of this article but is available elsewhere.[1,2]

In the civilian sector, Congress passed the Federal Aviation Disaster Family Assistance Act of 1996 to assure sensitive, appropriate care for family members of passengers involved in aircraft accidents. This legislation specified the National Transportation and Safety Board (NTSB) as the federal agency responsible for the establishment of family support services in the event of a U.S. aviation disaster. The American Red Cross, in turn, was designated by the NTSB as the independent nonprofit organization to coordinate emotional care and support for the families of passengers involved in an aviation accident.

The American Red Cross has identified a leadership cadre of volunteers, the Aviation Incident Response Team, for this purpose and has worked closely with the NTSB and affected airlines in air disasters since its inception. Although the logistics and dynamics obviously have differed with each aviation disaster, the NTSB, American Red Cross, and major air carriers have developed a cooperative system for providing physical, emotional, and spiritual care for families who have been directly impacted by airline disasters.

An Uncommon Tragedy

When American Airlines Flight 77 crashed into the Pentagon, it created unique challenges never before encountered in the history of aviation disasters. The overwhelming magnitude of the event immediately required an appropriate response to the Pentagon employees directly victimized, both physically and emotionally, by the act of terrorism. Also, the guidelines normally followed by the NTSB, American Red Cross, and the air carriers were over-ridden by the necessity of the federal government to address national security issues and a criminal investigation. The DoD took the leadership role in establishment and maintenance of the Family Assistance Center (Fig. 1). The American Red Cross immediately assumed a supportive role to the DoD in providing casework and mental health services to the family members of the victims. American Airlines initially established a family support center at Dulles International Airport, but this operation was quickly assimilated into the PFAC. This allowed for a more integrated and seamless system for the dissemination of information and provision of mental health, financial, spiritual, and informational services. All family members of missing or deceased victims were offered emotional support and other services without regard for their status as family of Pentagon employees or airline passengers.

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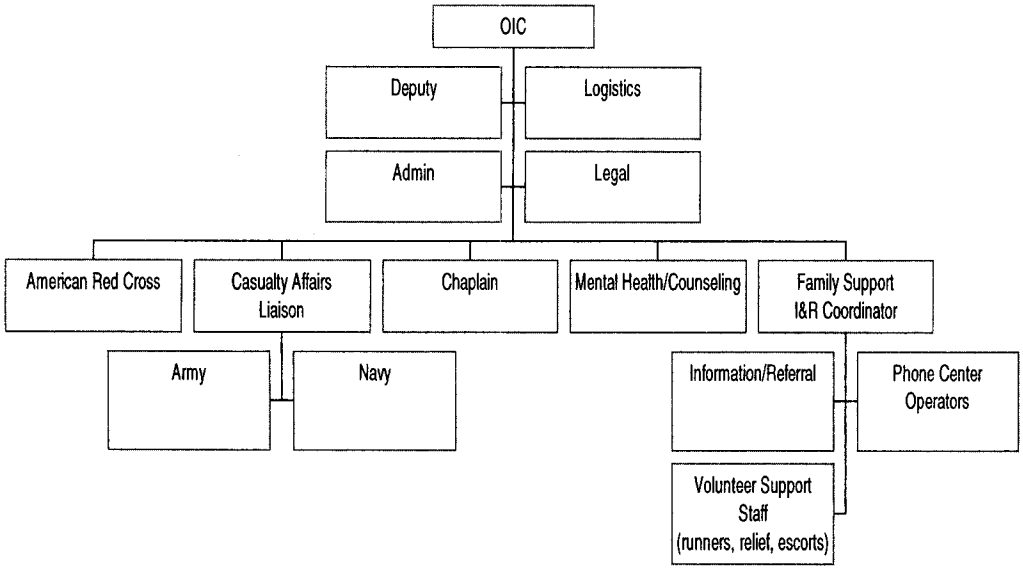

Fig. 1. Organizational structure of the PFAC.

The Mental Health Function at the Pentagon Family Assistance Center

COL William Huleatt from the U.S. Army Medical Department's North Atlantic Regional Medical Command was assigned to coordinate and supervise the mental health operation at the PFAC. Active duty members, government civilian behavioral health personnel, and volunteers initially staffed the operation. It was further augmented by a group of experts from the Veterans Affairs National Center for Post-Traumatic Stress Disorder in Palo Alto, California. As the mental health operation evolved, staffing needs began to exceed the number of available, trained personnel. The assistance of American Red Cross Disaster Mental Health Services (ARC DMHS) and mental health volunteers from the community was called upon to further augment the mental health element. These provided surveillance and emotional support to family members, friends, and colleagues of the crash victims as well as for PFAC staff.

Mental health services for disaster victims and workers are essentially crisis intervention strategies used to provide non-intrusive emotional support while allowing individuals to maintain defense mechanisms and other survival coping skills as they struggle to process traumatic experiences.[3] It was, therefore, important to screen volunteers for appropriate crisis intervention skills. In the chaos that follows a disaster, it can be difficult to accomplish adequate screening of professional credentials and skills without a pre-established system. ARC DMHS is comprised of mental health practitioners licensed at the independent practice level of their professions and who have completed a two-day training in disaster mental health prior to their activation on disaster assignments. This provided a pre-screened pool of mental health volunteer staff for use at the PFAC as well as on-site at the Pentagon and other locations. The PFAC mental health coordinator interviewed other volunteers from the community. Volunteers with appropriate credentials and previous training in disaster mental health were then assigned to duties as counselors, escorts, or reception staff, dependent upon their qualifications.

The Role of Mental Health Responders at the PFAC

The role of the mental health responders at the PFAC was to provide non-intrusive, largely unstructured, emotional support for family members and friends of the deceased victims of the Pentagon attack and for other staff at the PFAC. The need to remain flexible within this role was emphasized and, consistent with crisis intervention theory, the on-site practice of psychotherapy was disallowed. Interventions typically occurred as family members were offered refreshments or were accompanied, upon their request, to additional services. For mental health providers without experience in providing disaster mental health or crisis intervention services, this had the potential for being perceived as superficial rather than "meaningful." As mental health responders accompanied families to the crash site for viewing or to the daily informational briefings, informal opportunities to talk frequently occurred. Therapeutic relationships and supportive interventions were oftentimes established within these types of unstructured contexts.

Military counselors and community volunteers provided daily updates to the PFAC mental health coordinator. ARC DMHS volunteers traditionally reported to an American Red Cross worker assigned to be Family Assistance Officer (of the Red Cross operation) as well as to an ARC DMHS supervisor. Although communication difficulties occurred in the initial phases of the PFAC operation, ARC DMHS eventually was incorporated into the overall PFAC mental health operation. Staff from the Department of Veterans Affairs National Center for Post-Traumatic Stress Disorder were also used to assist with planning, dissemination of educational information, and interventions primarily with military staff.

Each military and Department of Defense civilian family unit was assigned a casualty assistance officer from the branch of the military with whom each victim was associated. The U.S. Marine Corps provided casualty assistance officers to families of victims who were Department of Defense contractors. The casualty assistance officers were responsible for addressing the logistical needs of the families, e.g., transportation and lodging

for the memorial service, explaining death benefits and serving as escorts throughout the process of death notification. This was an incredibly demanding job with very few limitations on the families' access to their casualty officers. Routine debriefings or other supportive interventions were not scheduled for the casualty officers so emotional support was provided when informal opportunities arose. Additionally, the coordinator of mental health services ensured that a structured debriefing was available for casualty officers upon termination of the PFAC operation.

A number of agencies provided supplemental financial assistance to family members to assist in meeting immediate financial obligations. Teams of ARC workers met daily with families to assess their financial and emotional needs and provide assistance to them in accordance with ARC standards. ARC DMHS workers were assigned as members of these teams to provide emotional support during often difficult interviews.

Challenges Encountered

As is expected in all disaster response operations, there was significant confusion during the establishment of the PFAC. The number of volunteers requesting to provide assistance was immense, screening of volunteer credentials was a major task, understanding the command structure was difficult for nonmilitary volunteers, effective communication channels between organizations were not yet in place, and the roles of mental health responders were yet to be clarified.

The issue of confidentiality was a source of misunderstanding in the early days of the PFAC. ARC DMHS operating standards stringently limit the amount of personal information that is recorded about individuals to whom ARC DMHS workers provide service. Due largely to the high stress level of staff and disparate communication styles between the military and civilian staff, ARC DMHS volunteers initially refused to provide information requested by the DoD for tracking of mental health services provided. This led to a situation in which ARC administration believed the DoD did not want ARC DMHS workers to assist with provision of emotional support at the PFAC. It was later determined that the information requested (e.g., number of individuals served, relationship to victims, type of intervention provided) was not in violation of confidentiality standards used by the ARC DMHS and a cooperative working relationship was developed.

The many layers of organizational structure that existed at the PFAC obscured communication channels. Representatives of agencies in which family members might have interests (e.g., Veterans Affairs, federal insurance, Federal Bureau of Investigation, and victim advocacy groups), were present at the PFAC in addition to the services provided directly by the DoD, American Airlines, and American Red Cross. The mental health operation addressed the issue of fragmented services by instituting daily meetings that included representatives of each unit providing mental health services.

Lessons Learned

Lessons learned from the challenges faced can be summarized as follows:

— The command structure of the operation needs to be clarified and effectively communicated to all participating organizations as quickly as possible. Whereas the military is well versed in chain of command and implements existing command structures upon establishment of an operation, community volunteers and organizations such as the ARC may need some guidance to become familiar with the decision-making process.

— As soon as command has been established and personnel have been assigned, regular meetings to facilitate communication need to occur. Command staff can use these meetings to clarify the role of responders, delineate the expectations of the overall operation and of the mental health function, and to resolve emergent needs as they arise.

— Professional issues such as confidentiality standards need to be addressed and clearly communicated. The purpose and destination of information collected should be specified to gain cooperation of all staff.

— A system for screening of spontaneous volunteers needs to be implemented as soon as command has been established. Although it may be determined that not all responders need to be licensed mental health professionals, the roles and duties of volunteers with various levels of knowledge, skills, and experience need to be considered.

— Because the American Red Cross has pre-screened, licensed mental health professionals trained in disaster mental health, it provides a staffing pool that can be readily activated for disaster response. Organizations such as the DoD can tap these resources for assistance immediately upon knowledge of a need for ongoing emotional support to a community.

— Procedures for demobilization should be established, including incorporation of any remaining documentation, critical incident stress management, and evaluation of the operation. This can assist the workers to achieve a sense of closure and provide information for improvement of future operations.

Summary

Future FAC operations could benefit by incorporating these insights gained from the Pentagon Family Assistance Center. We recommend that DoD and other allied organizations review relevant polices and procedures to determine whether they are current and broad in scope to provide the flexibility required to adjust to the circumstances of each incident. Given the set of circumstances involving a terrorist attack on the nation's capitol simultaneous with three other shocking terrorist events in the country, an out-pouring of local volunteers wishing to be part of the response, a disaster response requiring a command structure never before used, and the intense nature of the mental health needs of those affected by the disaster (virtually all workers and families of victims), the Pentagon Family Assistance Center fulfilled its mission with great success.

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